Date entered _

PURDUE UNIVERSITY NORTH CENTRAL REQUEST FOR APPROVAL OF UNIVERSITY CLASS ATTENDANCE AND FEE REMISSION AND EXCEPTION TO CREDIT HOUR LIMIT ADMINISTRATIVE / CLERICAL / FACULTY / PROFESSIONAL / SERVICE

Please Print Clearly			Date		
NAME:			24.0		
Last			First		Middle Initial
PUID NUMBER:					
Department Name:				ELIGIBLE STAFF:	
Campus Phone:				Administrative / Fa	culty / Professional
Campus Employed at:				Clerical and Service	е
Campus Enrolled at:				Official Retiree	
Semester Taking Course(s): Fall Spring Summer (Check the semester)				(Indicate the yea	ır)
Schedule - Days/Hrs	Course Number	Credit Hours	Hours absent fro	m work each week will be	e made up as follows:
					
	TOTAL				
(A maximum of 7 credit hours during fall/spring and 4 in summer will be remitted. Regular fees will be assessed on each hour over the limit.) Complete the "Request for Exception to the Staff Credit Hour Limit" section below if taking more than the maximum hours.					
The Head of the School, Division or Department employing the staff member for whom application for fee remission is being made must complete this section. If the staff member terminates employment, please contact the Bursar's Office.					
I hereby certify that the person listed above has been employed since (date) on a full time basis.					
on a rail time basis.	Signed				
DATE	Signed	HEAD OF	SCHOOL, DEPAR	RTMENT OR OFFICE	· · · · · · · · · · · · · · · · · · ·
Department Fund & Cost Center:					
REQUEST FOR EXCEPTION TO THE STAFF CREDIT HOUR LIMIT Submit to the Vice Chancellor for Administration for final approval.					
Please explain the rationale for requesting an exception:					
Please explain any changes being made to the employee's normal work schedule to accommodate the requested course load.:					
The individual's immediate supervisor supports this request for an exception to Executive Memorandum C-7 and certifies that enrollment in these courses will not negatively impact the employee's work performance.					
Staff Member's Signature	Date	Supe	ervisor's Signature		Date
Department Head's Signature	Date	Vice	Chancellor for Adn	ninistration's Signature	Date
ALL FORMS MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED. INCOMPLETE FORMS WILL BE RETURNED TO THE STAFF MEMBER.					

BURSAR'S OFFICE USE ONLY

____ IInitials ____ Audited ____